



United INSURANCE COMPANY LTD.

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CONSTRUCTION EQUIPMENT VEHICLE INSURANCE CLAIM FORM.

1. Name & Address of the Insured :
2. Telephone No. :
3. Policy No. :
4. Sum Insured :
5. Period of Insurance :
6. Date and Time of Loss :
7. C E V Regd. No. :
8. Place of Loss :
9. Give full particulars of the cause and the injuries sustained. : _____

10. Name of Operator :
(a) Owner
(b) Owner's Paid Operator
11. No. of driving license and date of expiry : _____
12. In which section and for what purpose was the machinery being used at the time of incident :

I / We hereby declare that the particulars furnished above are true and correct to the best of my / our knowledge.

Place :

Date :

Signature & Stamp of Insured

Note: -

1. *The issue of this Claim Form does not imply admission of liability on the part of the Insurers.*
2. *If the space is not sufficient for reply to any question, please give details on a slip to be attached to the Claim Form.*
3. *Any other information, if required by the Company for claim, will be asked separately.*
4. *This Form is to be signed only an authorized representative of the Insured.*